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Journal:	Professional Development: The International Journal of Continuing Social Work Education
Article Title:	*Inside-Outside: Boundary-Spanning Challenges in Building Rural Health Coalitions*
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Volume and Issue Number:	*Vol. 4 No. 1*
Manuscript ID:	*41040*
Page Number:	*40*
Year:	*2001*

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social Work Research.

Professional Development: The International Journal of Continuing Social Work Education is published three times a year (Spring, Summer, and Winter) by the Center for Social Work Research at 1 University Station, D3500 Austin, TX 78712. Journal subscriptions are $110. Our website at www.profdevjournal.org contains additional information regarding submission of publications and subscriptions.

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ISSN: 1097-4911

URL: www.profdevjournal.org **Email: www.profdevjournal.org/contact**

Inside-Outside: Boundary-Spanning Challenges in Building Rural Health Coalitions

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Boundary-spanning challenges are emerging in the health and human services arenas as coalitions are formed to respond to government strategies of decentralization and devolution. With the increasing use of coalitions (Dluhy, 1990), social workers performing boundary-spanning roles are invested with responsibility for developing and managing multiple external organizational relationships. The development of coalition-building skills offers an opportunity for social workers to play a major role in the revitalization of communities (Weil, 1996). Frequently, however, social workers have little preparation for managing the issues that arise when multiple constituencies come together. The authors propose a framework for educating social workers about how to increase their effectiveness with coalitions. This conceptual framework, grounded in the organizational and community practice literature, identifies the institutional and interpersonal factors that influence the performance of community practitioners as they carry out dual roles, inside their constituent organizations and outside, as members of coalitions.

Coalitions, as an organizational form, have various definitions in the literature. Dhuly (1990) views coalitions as a network of loosely coupled professionals — people from the community, agencies, and organizations — who band together around certain issues or needs of specific populations. Roberts-DeGennaro (1987) identifies a network as a pattern of exchange relationships based on agreements by a core group of organizations about inter-relationships in the service system. Another view sees a coalition as an interorganizational group based on an organization of organizations (Mizrahi & Rosenthal,1993; Rubin & Rubin,1992). Beyond the concept of organization, Bailey & McNally-Koney (1996) propose a community-based consortium as a partnership of organizations and individuals representing consumers, service providers, and local agencies and groups. Partners in the consortium, like coalition members, identify themselves with a particular community and develop a collective strategy for the achievement of a common goal. The mechanism of coalition building, whether temporary, permanent, formal, or informal, allows a community to organize itself around an issue and advocate for social change. For social workers, the opportunity to provide leadership to coalition building offers a valuable community practice experience that promotes capacity building among participants (Harrison, 1995).

The Adolescent Health Coalitions, as described in this paper, were originally conceived as formal coalitions (an organization of organizations) but eventually came to resemble more closely a community-based consortium. The engagement of organizations did not proceed in a linear way, but rather, it required differential recruitment. These unique local settings illuminate the challenges and rewards of community practice with coalitions and offer a practical application of the concepts in action.

Boundary-Spanning Challenges and Issues

Boundary spanning refers to activities that connect organizations or work groups to their environments (Adams, 1976; Aldrich & Herker, 1977; Aldrich, 1979; Edwards & Yankey, 1991; Schopler & Galinsky, 1995). Boundary spanners link two or more systems and play central roles in forming and maintaining the coalitions that are so essential both to responsive service delivery and to organizational legitimacy and survival (Oliver, 1991). Adams (1976) coined the term "boundary spanner" to describe the role of individuals who are responsible

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The authors wish to acknowledge the contribution made by the late Janice H. Schopler, Professor and Associate Dean, School of Social Work, University of North Carolina at Chapel Hill, to the development of this manuscript.

for processing information and carrying out negotiations between the organization and its environment. This boundary-spanning role is an integral part of community practice with coalitions. Community practitioners, as facilitators and linkage builders, carry out critical organizational tasks (Rubin & Rubin, 1992). As facilitators, they provide information and ensure that the coalition's work is placed front and center on the community agenda. As linkage builders, they act as a span between the boundaries of their employing organization and the coalition. Individuals in boundary-spanning roles have considerable power and autonomy, are highly visible, and are exposed to a variety of opportunities. As influence agents, who negotiate the interests of their constituent organizations, they are exposed to complex challenges, conflicting commitments, and isolation.

The pressures of performing on the edge of the organization require superior diplomatic skills in order to manage the conflicting demands from employing organizations and coalition members (Dhuly, 1990; Roberts-DeGennaro, 1987). Community practice as a boundary spanner requires the capacity to build relationships within an ever-changing environment and involves a great deal of creativity, risk-taking, autonomy, and competence (Dunlop & Holosko, 1989). The external character of this role may lead to isolation and confusion about one's place in the organization. The social workers who bridge these boundaries require organizational support and insight into their professional roles and relationships. Further, boundary spanners must deal with the "dynamic tensions" created as diverse points of view are forged into consensus among coalition members (Mizrahi & Rosenthal, 1993).

Conceptual Framework for Boundary Spanning

Although the existing literature provides useful perspectives on boundary spanning and coalition building, there is no conceptual framework to guide community practitioners as they carry out their dual commitments to their organizations and to the coalition. The authors' review of the literature suggests that social workers in boundary-spanning roles need to understand both the institutional and interpersonal factors that are important determinants of their performance (Schopler, 1985, 1987, 1994). An institutional perspective explains the way structural and political forces shape the requirements and demands of coalition relationships (e.g., Baum & Oliver, 1991; Meyer & Rowan, 1977; Powell, 1988). An interpersonal perspective provides insights about the nature and quality of coalition relationships (e.g., Galaskiewiez, 1985; Oliver, 1990; Roberts-DeGennaro, 1987; Seabright, 1992). The specific institutional and interpersonal factors that community practitioners should consider in shaping successful strategies are identified and described in the following discussion. Each of the factors is illustrated with community practice examples from a rural health coalition.

The Timiskaming Health Coalitions

The Timiskaming Health Unit in Ontario, Canada, was selected to illustrate insights about boundary-spanning roles in community practice. The setting is a large, rural, geographical area in Northern Ontario. The first author provided community development consultation to the project from September 1993 to June 1994. The project was the first coalition-building initiative carried out by the Health Unit. It was designed as a response to high rates of teenage pregnancy and to operationalize a new government mandate for community development in public health in Ontario. Training was provided to all public health nurses, managers, and administrators over a period of six months. Subsequently, intensive individual and team consultation was provided to three public health nurses selected to carry out the coalition-building strategy.

The northern end of the District encompasses the once prosperous mining town of Kirkland Lake and its rural surroundings. The Kirkland Lake Adolescent Health Coalition was composed of community leaders, service providers, citizens, and students. The

coalition developed an adolescent mentoring program to teach community leadership skills and became an advisory committee to the school board on alcohol and drug policy. A chairperson recruited from the local school system carried out the volunteer leadership role in this coalition.

The Tri-Town Adolescent Health Coalition encompasses the southern geographic areas of New Liskeard, Haileybury, and Cobalt, in which the central office of the Timiskaming Health Unit is contained. The coalition was comprised of service providers, community groups, and individuals, including adolescents from both English and French communities. The coalition had four action committees: (1) Teen Resource Center; (2) Public Relations; (3) Fundraising; and (4) Community Education. A pharmacist, recruited from the business community, and well known as a community activist, carried out the volunteer leadership role.

The Englehart Adolescent Health Coalition was situated in a small, rural, agricultural area in the middle of the District. The coalition was comprised of individuals, including adolescents and service providers, who reported their representation as concerned citizens. The coalition conducted a survey of the community and identified their priority action step as the development of a "drop in" center for youth. The volunteer leadership role was carried out by an individual citizen, recruited because of past community activism that addressed youth issues.

Institutional Perspective

An institutional perspective suggests that when organizations make decisions about committing their time, resources, personnel, and capital to inter-organizational relationships, they relinquish some of their power to external constituents (Oliver, 1990). Within the organization, administrators lose their exclusive right to dominate decision-making (Walmsley & Zald, 1973). The institutional factors that shape the community practitioner's role as a boundary spanner are: (1) decision-making authority, (2) communication style, and (3) organizational strategy. Each of these factors is described and illustrated with examples from the Timiskaming Rural Health Coalitions.

1) Decision-Making Authority

Decision-making authority is defined by the numbers of levels through which a decision must pass and the type of control systems that are employed across institutional environments (Powell, 1988). The relative centralization/decentralization of decision-making authority is important to understanding the institutional environment. Centralized decision-making protects organizational interests but constrains the community practitioner's autonomy and flexibility in negotiating relationships. Decentralization of decision-making gives the community practitioner more power; the underlying advantage is strategic communication with stakeholders.

Case Scenario. The Timiskaming Health Unit operated under a centralized decision-making model when planning the coalition-building project. Subsequently, decision-making became decentralized to allow the unique recruitment of local participants. Decisions on financial support to the coalitions, however, remained centralized and ultimately produced conflict between the Health Unit and the coalitions.

Geographical distances between the community practitioners worked against decentralized decision-making at the team level. This led to complications in two communities where the supervisor was geographically distant and decisions were delayed. As the project progressed, the administrative structure was changed to provide on-site supervision to each community practitioner in his or her specific geographic location.

2) Communication Style

Both intra- and inter-organizational communications are founded on a creation of understanding between senders and receivers (Longest & Klingensmith, 1994). Communication styles operate on either an open or filtered basis (Aldrich & Herker, 1977). Open communication is defined as information that is given in its original state with-

out adaptation. Filtered communication is defined as information that is summarized, interpreted, consolidated, delayed, or sent only to specific organizational members. This filtering of information is a characteristic of all community practice with coalitions. Practitioners who span organizational boundaries, are responsible for analyzing information and decision-making about *what, when,* and *how* information will be transmitted. Organizations rely on boundary spanners for information and have to trust them to filter appropriately and to provide information that is accurate and timely.

Case Scenario. The community development specialists processed information across the organizational boundaries, between the coalition and their employers, by filtering the content and staging the timing of information sharing. One of the community practitioners, working in a bilingual community, was invested with the power of not only analyzing and interpreting the content of the communication, but also conveying its cultural meaning. The practitioners decided *what, how much*, and *at what point* they would disclose information about health unit objectives and financing strategies to the coalitions. They applied differential criteria to the information provided to the health unit about coalition activities, tailoring messages to the recipient's understanding and support for the project. They shared information formally and informally with their peers, carefully crafting the information to encourage support for the project. When working with voluntary chairpersons, they synthesized government and agency policy to facilitate information sharing with coalition members. The power of these community practitioners to interpret the new mission of the health unit illustrates the importance of both the information processing and the external representation functions of the boundary-spanning role.

3) Organizational Strategy

Previous research has found higher levels of technological innovation in organizations that were more specialized and decentralized (Scott, 1990). Differentiation is defined by Scott (1990) as the extent of specialization of work roles and work units. It is this differentiation of roles, namely specialist versus generalist, which provides a focus for understanding organizational strategy. Internal specialization can increase efficiency for the organization as activities and tasks are ordered into positions. Groups and departments often attempt to incorporate key skills and resources within their own boundaries and to control admissions through selective reinforcement (Morgan, 1986).

An organizational strategy that is based on specialist practice reflects the degree to which skills are common to all staff and how important these skills are to the core technology of the organization. Baum and Oliver (1991) have found that institutional linkages are more beneficial for specialist organizations than generalist organizations in promoting organizational survival. Externally, organizations modify their characteristics to increase compatibility with other organizational units (Dimaggio & Powell, 1983). The creation of specialist positions enhances the legitimacy of the organization. The specialist positions devoted to linkage-building ensure that external organizations receive consistent information. Baum and Oliver (1991) suggest that specialist organizations should seek out opportunities to establish institutional relationships to promote their legitimacy and consequent survival. Specialist positions can be the most efficient for organizations that want their goals accepted and their functions understood in the larger external environment (Zald, 1987).

Case Scenario. The introduction of the coalition-building project by the Health Unit represented an organizational strategy designed to create community development specialist positions within the organization. Recent government policy had mandated community development as a core program of public health. This specialization enhanced the legitimacy of the Timiskaming Health Unit in the external environment, with most organizations in the community welcoming and supporting the project. Internally, careful attention was paid to the

development of job descriptions, evaluations, and in-service training. The introduction of the specialist positions was a new organizational strategy designed to provide both external and internal consultation on coalition building.

Interpersonal Perspective

The interpersonal perspective is comprised of three factors that recognize the importance of individual relationships in community practice. These interpersonal factors include: (1) personal relationships, (2) professional relationships, and (3) organizational commitment. The history of successful relationships with other community members can act as a facilitator of coalition development. Professional roles also create bridges for community practitioners across disciplines and organizations. The individual relationships of each community practitioner to his or her own organization are significant in interorganizational relations.

1) Personal Relationships

Adams (1976) argues that interorganizational exchange leads to the development of personal relationships between the boundary spanners of the interacting organizations and that those relationships then influence organizational exchanges. These personal relationships are based on trust as defined by Homans (1961) as faith in the goodwill of others, which is produced through interpersonal interactions that lead to socio-psychological bonds of mutual norms, sentiments, and friendships.

Personal relationships among community practitioners have both positive and negative consequences for coalitions. The development of a coalition may be based on pre-existing friendship ties and institutional mandate. Research on personal networks found that leaders, in times of environmental uncertainty, will target their networking efforts on the basis of who they know personally and who they believe will share their loyalties and personal values (Galaskiewicz, 1985; Oliver, 1991). Community practitioners in the boundary-spanning role must understand, however, that winning friends is not the only strategy to be undertaken; it is also necessary to "enfold and pacify potential enemies" (Morgan, 1986, p.173). Community practitioners need an ability to look beyond their present activities with other organizations to envision how and when present relationships may be called into action in the future. Excessive reliance on formal, legal procedures and exclusion of informal, interpersonal norms for negotiating or committing to a co-operative interorganizational relationship is a questionable approach (Ring & Van De Ven, 1994). An understanding of the network of social relations that exist both within and across organizations, and how these social relationships influence the strategies that decision-makers pursue, is significant in community practice with coalitions (Mizruchi & Galaskiewicz, 1993).

Case Scenario. In these isolated rural communities, there was a complex web of personal relationships that characterized the coalitions. The community practitioners drew upon their previous professional and social relationships to recruit and develop the coalitions. In one area, past friendship ties with the project supervisor enhanced coalition-building activities. In another area, the friendship ties of the practitioners in the main office of the Health Unit facilitated coalition activities. One practitioner had family ties as the daughter and wife of well-known local physicians. There were marital and familial combinations: (1) husbands and wives as employees of the Health Unit and (2) husband and wife and brother and sister combinations in the coalition membership. Other members perceived these family ties as a strength in coalition development.

The existence of previous inter-personal relationships through shared group projects, family ties, and previous health unit initiatives was reported to have contributed to the successful development of these coalitions. In the initial stages of coalition building, the community practitioners recruited coalition members based on past positive relationships, but as the project continued, members did experience conflict between competing

organizations and competing agendas.

2) Professional Relationships

Professional roles identify behaviors that are required, prohibited, and discretionary, and these roles influence how community practitioners carry out their work with coalitions (Stewart, 1982; Tjosvold, 1986). The least costly monitoring mechanism for an organization is to rely on the professional identification and ethics of professional personnel (Aldrich & Herker, 1977). The professional status of the community practitioner may be enhanced by the ability to interact across boundaries with professionals who have a higher status in the community. Transorganizational loyalties, such as those to one's professional colleagues, are as strong or stronger than those within organizations (Scott, 1990). Relationships develop between people because of their work roles, often before they have even met on a personal level. Over time, through repeated transactions, professional relationships become supplanted by personal relationships and psychological contracts (Ring & Van de Ven, 1994). Professional relationships do not dissolve, however, as interpersonal relationships evolve. Thus, community practitioners, as diplomats, are called upon to create relationships that meet internal organizational requirements and external interpersonal norms. Sometimes relationships are forged through meetings of professional groups and associations and may themselves eventually become institutionalized in organizational forms, such as coalitions.

Case Scenario. Many configurations of professional and personal relationships existed between the community development specialists, the Timiskaming Health Unit, and members of the three coalitions. The professional roles of the community development specialists, as public health nurses, helped to create professional bonds within the Timiskaming Health Unit Nursing Division. Even with the buffering effects of their professional relationships, the practitioners still experienced some resistance to their role shift from nursing generalists to nursing specialists in community development. The identification of specific nurses as the three specialists to be trained in the new community development technology created an atmosphere of distrust and dissatisfaction with the selection process. Eventually, community development consultation was offered to all public health nurses and training was provided to administrators and managers.

Outside the organization, the public health nurses were highly respected for their prior professional contributions. Although the changing role of the public health nurses was difficult for community members to understand, the pre-existing professional relationships created a climate of acceptance.

3) Organizational Commitment

Organizational commitment is defined as an individual's affective commitment evidenced by loyalty to the work organization and identification with the values or goals of the organization (Yoon, Baker, & Ko, 1994). Various management strategies have been developed to increase the commitment of community practitioners to their employing organizations. Aldrich and Herker (1977) identify these as: (1) reliance on professional identification and ethics; (2) indoctrination in policies, norms, and goals; (3) granting of powerful positions in the organizational structure; and (4) rotation of personnel in boundary-spanning roles. Schopler (1985) recommends a strategy whereby organizations would select committed individuals, trust them, and support them when they are stressed. Interpersonal attachment among employees in immediate work units substantially increased employee's commitment to their employing organization, regardless of organizational size (Yoon, Baker, & Ko, 1994).

Seabright, Levinthal, and Fichman (1992) argue that commitment to the employing organization develops largely at the individual level. Community practitioners in boundary-spanning roles are juggling commitments to both their employing organization, where they may have strong interpersonal and professional attachments, and to the coalitions,

where they also may have strong interpersonal and professional attachments. This delicate balancing act requires employers that understand the skill and sensitivity necessary to manage these professional and personal relationships.

Case Scenario. The primary commitment of the community practitioners was to their profession, secondarily to their work unit of community development specialists, thirdly to the coalition, and lastly to the employing organization. One of the practitioners bridged two cultures, French and English, and faced such issues as: (1) loyalty to the employing organization and to the local coalition, (2) loyalty to the French and English factions within the coalition, and (3) loyalty to the French and English factions within the local community. Large geographical distances did not deter work unit group members from attachment to each other.

Community practitioners experienced conflicting loyalties at this stage in the coalition-building process. The external activities carried out by management not only provided legitimacy to the coalition-building project, but also increased the community development specialists' commitment to their employing organization. The practitioners were involved in their local communities and in district-wide health unit programs that cut across various communities. This diversity of involvement across groups and communities may have helped to constrain the attachment of the community practitioners to their local coalitions. On the other hand, their commitment to their professional identity reduced their commitment to their employing organization. The ambiguity of their new role and the ambivalence of the health unit toward the coalition-building project created insecurity and reduced their commitment to the employing organization.

Practice Guidelines for Working with Coalitions

The following guidelines for community practice have been generated from this examination of institutional and interpersonal challenges and issues.

1) Organizations need to address the decision-making rules that support or constrain the community practitioner. Decentralized decision-making that increases autonomy requires an administrative structure that supports the effective filtering of information. As the primary receiver and sender of critical information, the community practitioner should be an antenna for the organization. As a senior diplomat, the practitioner is responsible for forming an effective coalition from a diversity of interests. The community practitioner needs to be on the senior management team in order to capitalize on their power to build inter-organizational linkages and legitimacy for their organization in the external environment.
2) Boundary spanners need to cross organizational boundaries and hierarchical levels to promote inter-organizational relations. This non-traditional relationship building requires superior communication skills and judgment. As a facilitator of coalition relationships, the community practitioner liaises with key stakeholders within political, governmental, corporate, and voluntary systems. The support of senior administrators, who sanction the judicious use of power by the boundary spanner, assists in the tasks of linking systems and levels together to form coalitions.
3) The knowledge and technical skills necessary for community practice must be acquired before responsibility for project development is considered. Crossing organizational boundaries in pursuit of coalition members requires a comprehensive understanding of the complexities of interdisciplinary practice. In no small measure, the community practitioner's ability to motivate organizations and individuals to devote scarce resources to the coalition is based on a demonstration of these planning and administrative skills. Differential staff training in community practice should be carried out

with all levels of the organization before the coalition-building project is initiated.

4) Community practitioners need analytical skills to assess inter-personal dynamics and relationship skills to construct effective avenues of influence for their organization. They need to balance the organization's needs for linkage with other organizations with their own personal needs for social relations. Community practitioners should build relationships by first reflecting on the nature of the relationship and the degree of its importance in present and future initiatives. Careful boundaries must be maintained between the community practitioner and coalition members. The practitioner's credibility and effectiveness will be compromised if there is any perception of bias toward a particular subset within the coalition.

5) The development of professional relationships across organizations and across disciplines facilitates internal and external connections. These professional relationships serve as an important bridge across theoretical and practical divides. Maintaining a professional identity is critical to the legitimacy of the community practitioner's role with coalitions. This identification with a specific profession, however, must not supersede other linkages. Loyalty to *one* specific discipline must be balanced with expansiveness to facilitate linkages *between* disciplines.

6) The community practitioner should establish supportive intra-organizational linkages to reduce the isolation created by working on the boundaries of the organization. The development of strong collegial bonds between practitioner and organizational colleagues is vital to success in the role. Supervision of the community practitioner should promote organizational loyalty through strategies of inclusion. Supervision should be designed to reduce the stress associated with managing interorganizational relations between the organization and the coalition.

The institutional and interpersonal perspectives presented in this discussion are crucial to understanding and managing the boundary-spanning role in community practice. Each perspective alerts the practitioner to distinct factors that must be considered in dealing with the complex challenges inherent in coalition development. These factors exert a dynamic and interactive influence on each other, and must be considered in effective coalition building projects. As illustrated by the experience of the Timiskaming Rural Health Coalitions, these perspectives provide a useful framework to guide planning, analysis, and community practice with coalitions.

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